10/661537

Application or Docket Number PATE - . PPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 CELLIAS AS FILLED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY TOTAL CL RATE FEE RATE **FEE** FOR NUMPER FILED NUMBER EXTRA BASIC FEE 375.00 BASIC FEE 750.00 OR TOTAL CH. BLE CL 1 13 :ninus 20= X\$ 9= X\$18= OR INDEPEND minus 3 = X42= X84= OR MULTIPLE (DEL . CLAIM PRESE +140= +280= OR * If the diffe in column 1 is less that zero, enter "0" in column 2 TOTAL TOTAL OR - 75 AME 1:D - PART II OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY (Column 3) HIGHEST ⋖ ADDI-ADDI-NUMBER PRESENT AMENDMENT RATE TIONAL Æ. RATE PREVIOUSLY **EXTRA** TIONAL PAID FOR FEE FEE Total Mint." 30 X\$ 9= X\$18= OR Indeper Min X42= X84= OR FIRST WULT.F PENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE ander ij_ (Column 2) (Calumn 3) HIGHEST ADDI-7. HING ADDI-NUMBER -PRESENT AMENDMENT PREVIOUSLY RATE TIONAL RATE TIONAL EXTRA P.º D FOR FEE FEE Total X\$ 9≈ X\$18= OR Indepen Sh. X42= X84= OR FIRST P 10'.i'f ENDER!T CLAIM +140= +280= OR TOTAL TOTAL 540 OR ADDIT, FEE ADDIT. FEE (Co' imn 2) (Column 3) HI HEST AMENDMENT C IF MBER ADDI-ADDI-PRESENT PRE HOUSLY Ma E TIONAL : EXIRA RATE TIONAL P. TFOR FEE FEE Total X\$ 9= X\$18= OR Indepen *** X42= X84= FIRST P. OR :ULT. ND T CLAIM +140= +280= OR · If the entry Uh an 2, while "0" in column 3. TUTAL "If the 'High TOTAL ''a SPAC: is tess than 20, enter "20." OR ADDIT FEE "If the 'Higi ADDIT, FEE 4.1 SPA is it as than 3, enter "3," The Highr .. deprisonnt) is the higlest number found in the appropriate box in column 1. FORM PTO-875 ₹ 50 e: 21 + 498-278/09151 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

| □ BLACK BORDERS |
|---|
| ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES |
| FADED TEXT OR DRAWING |
| ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING |
| ☐ SKEWED/SLANTED IMAGES |
| ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS |
| GRAY SCALE DOCUMENTS |
| ☐ LINES OR MARKS ON ORIGINAL DOCUMENT |
| ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY |
| OTHER: |

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.